



A State Agency Serving the People of Caroline County

Caroline County Health Department

Division of Environmental Health

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ON-SITE SEWAGE DISPOSAL PERMIT

Site plan and fee must accompany this application

DIRECTIONS:

PLEASE ALLOW 30 DAYS PROCESSING TIME

Please complete sections A-C (PLEASE PRINT), **stake** lot corners, sewage reserved area, proposed home, proposed well and **provide a scaled site plan** (TO SCALE: 1"=30, 40, 50 etc feet). Include proposed house, driveway, and water wells within 100 ft of property line on site plan. **FLOOR PLAN ALSO REQUIRED**. Please make check payable to "Caroline County Health Department" refer to property information section for fee amount. If this is for an existing home, please attach your location survey from settlement papers. If this is a sand mound system, specifications from your consultant must be submitted with this application.

A. PROPERTY OWNER INFORMATION

Name: _____

Mailing address: _____

Day Phone: _____

Cell Phone: _____

Email address: _____

The applicant certifies and agrees as follows:

- 1) Will perform no work on the above referenced property not specifically described on this application.
- 2) Grants Health Department officials the right to enter onto the property for the purpose of inspecting the work permitted and posting notices.
- 3) Understands that additional fees will be charged for modifications to specifications issued or if additional sanitarian visits are required.
- 4) Understands that he/she must sign and have their Caroline County Sewage Contractor sign and return the specifications (Page 2 and subsequent pages of this permit application) to the Health Dept.
- 5) I am the owner of the property (or their authorized agent) and have read and examined this application and know the same to be true and correct. All provisions of laws, regulations and local ordinances governing this work will be complied with whether specified herein or not. I fully understand that the granting of a permit does not presume to give authority to violate or cancel the provisions of any other federal, state or local law regulating construction or performance of construction. I understand that the information I provide for this application will be utilized to determine suitability under the State of Maryland Caroline County Health Department and any omissions or erroneous information provided may result in the permit not being issued.

C. Owner Signature: _____ Date: _____

If you are NOT the owner, then you must fill out the Authorization Form

B. PROPERTY INFORMATION

911 Address: _____
(or road name if parcel is vacant)

Property ID: _____

MAP: _____ BLOCK: _____ PARCEL: _____ LOT: _____

SUD'B: _____

Circle appropriate answer:

- Property **(is) (is not)** in Chesapeake Bay Critical Area, (Contact Planning Office at 410-479-8100 to verify.)
- Property **(is) (is not)** in limits of incorporated town
- Basement **(is) (is not)** proposed OR **(does) (does not)** exist
- Septic system for **(Residential) OR (Commercial)** use

Square ft of building: _____

_____ #bedrooms _____ #bathrooms _____ #people

Type of Business if Commercial: _____

Check all that apply:

- ☐ Septic system is failing - **URGENT**
- ☐ Existing home-upgrade/repair, **\$200** fee
- ☐ Modification/extension - existing permit (# _____), **\$60** fee
- ☐ Tank (or grease trap) only, **\$75** fee
- ☐ Accessory dwelling, **\$480** fee
- ☐ New home, **sand mound**, **\$480** fee (attach specs from consultant)
- ☐ New home, **STANDARD** system, **\$480** fee
- ☐ New **REPLACEMENT** home, **\$480** fee

Water Supply(**check one**):

- ☐ Existing deep well
- ☐ Proposed deep well
- ☐ Existing shallow well
- ☐ Municipal/Public connection from town of: _____

HEALTH DEPARTMENT USE ONLY:

RECEIPT # _____ \$ _____ REC'D BY _____ DATE PD _____

SS: _____
PS: _____
CS: _____
BRF: () Y () N

INSPECTION CALLED IN BY: _____ SCHEDULED FOR: _____

PT #: _____

Revised-September 2015